

NOTE: This agreement must be signed by the nominee for all **non-government** training that exceeds 80 hours (or such other designated period, 80 hours or less, as prescribed by the agency) and for which the Government approves payment of training costs prior to the commencement of such training. Nothing contained in Section G below shall be construed as limiting the authority of an agency to waive, **in whole or in part**, an obligation of an employee to pay expenses incurred by the Government in connection with the training.

Section G—EMPLOYEE'S AGREEMENT TO CONTINUE IN SERVICE

1. I AGREE that, upon completion of the Government-sponsored training described in this request, if I receive salary covering the training period, I will serve in the agency three times the length of the training period. If I receive no salary during the training period, I agree to serve the agency for a period equal to the length of training, but in no case less than one month. (The length of part-time training is the number of hours spent in class or with the instructor. The length of full-time training is eight hours for each day of training, up to a maximum of 40 hours a week). NOTE: For the purposes of this agreement, the term "agency" refers to the employing organization (such as an Executive Department or independent establishment), not to a segment of such an organization.
2. If I voluntarily leave the agency before completing the period of service agreed to in item 1 above, I AGREE to reimburse the agency for the tuition and related fees, travel and other special expenses (EXCLUDING SALARY) paid in connection with my training. These amounts are reflected in items 21 and 22.
3. I FURTHER AGREE that, if I voluntarily leave the agency to enter the service of another Federal agency or other organization in any branch of the Government before completing the period of service agreed to in item 1 above, I will give my organization written notice of at least ten work days, during which time a determination concerning reimbursement will be made. If I fail to give this advance notice, I AGREE to pay the amount of additional expenses (5 U.S.C. 4109(a)(2)) incurred by the Government in this training.
4. I understand that any amounts which may be due the agency as a result of any failure on my part to meet the terms of this agreement may be withheld from any monies owed me by the Government, or may be recovered by such other methods as are approved by law.
5. I FURTHER AGREE to obtain approval from my organization training officer and that person responsible for authorizing non-government training requests of any proposed change in my approved training program involving course and schedule changes, withdrawals or incompletions, and increased costs.
6. I acknowledge that this agreement does not in any way commit the Government to continue my employment. I understand that, if there is a transfer of my service obligation to another Federal agency or other organization in any branch of the Government, the agreements in items 1, 2, and 3 of this section will remain in effect until I have completed my obligated service with that other agency or organization.

31. Period of obligated service (For non-government training only) _____	
32. Employee's signature	Date

REQUEST, AUTHORIZATION, AGREEMENT AND CERTIFICATION OF TRAINING				A. Agency code, agency subelement and submitting office number 01		B. OFFICE USE ONLY				
						C. Request status (Mark (X) one) 02				
						<input type="checkbox"/> Initial or Resubmission	<input type="checkbox"/> Correction or Cancellation			
Section A—TRAINEE INFORMATION										
1. Applicant's name (Last - First - Middle Initial)			Enter first 5 letters of last name	03	2. Social Security Number		04	3. Date of birth (Year and month)		05
4. Home address (Number, street, city, State, ZIP code)					5. Home telephone Area code Number		6. Position level (Mark (X) one only)			
							<input type="checkbox"/> a. Non-supervisory <input type="checkbox"/> c. Manager <input type="checkbox"/> b. Supervisory <input type="checkbox"/> d. Executive			
7. Organization mailing address (Branch - Division / Office / Bureau / Agency)			8. Office telephone Area code Number Extension		9. Continuous civilian service Years Months		10. Number of prior non-government training days			
11a. Position title / function		11b. Applicant handi-capped or disabled (See instructions)		12. Pay plan / series / grade / step		13. Type of appointment		14. Education Level		
Section B—TRAINING COURSE DATA										
15a. Name and mailing address of training vendor (No., street, city, State, ZIP code)					15b. Location of training site (If same, mark box) _____ <input type="checkbox"/>					
16. Course title and training objectives (Benefits to be derived by the Government)										
17. Catalog / Course No.		18. Training period (6 digits)			06	19. No. of course hours (4 digits)		07	20. Training codes (See instructions)	
		Year Month Day			a. During duty				Code <input type="checkbox"/> 08 c. Source <input type="checkbox"/> 10	
		a. Start			b. Non-duty					
		b. Complete			c. TOTAL		b. Type		<input type="checkbox"/> 09 d. Special interest <input type="checkbox"/> 11	
AGENCY USE ONLY										
Section C—ESTIMATED COSTS AND BILLING INFORMATION					Section D—APPROVALS					
21. Direct costs and appropriation / fund chargeable					26a. Immediate supervisor—Name and title					Area code / Tel. No. / Extension
Item		Amount		Appropriation / fund	b. Signature _____					Date _____
		Dollars	Cents							
a. Tuition					27a. Second line supervisor—Name and title					Area code / Tel. No. / Extension
b. Books or Materials										
c. Other (Specify)					b. Signature _____					Date _____
d. (Enter 4 digits in dollar column) 12 TOTAL										
22. Indirect costs and appropriation / fund chargeable					28a. Training officer—Name and title					Area code / Tel. No. / Extension
Item		Amount		Appropriation / fund	b. Signature _____					Date _____
		Dollars	Cents							
a. Travel					Section E—APPROVAL/CONCURRENCE					
b. Per diem										
c. Other (Specify)					29a. Authorizing official—Name and title					Area code / Tel. No. / Extension
d. (Enter 4 digits in dollar column) 13 TOTAL										
23. Document / Purchase Order / Requisition No.					b. Signature _____					Date _____
24. 8-Digit station symbol (Example-12-34-5678) _____										
25. BILLING INSTRUCTIONS (Furnish invoice to):					30a. Certifying official—Name and title					Area code / Tel. No. / Extension
					b. Signature _____					Date _____
TRAINING FACILITY Bills should be sent to office indicated in item 25. Please refer to number given in item 23 to assure prompt payment.										

REQUEST, AUTHORIZATION, AGREEMENT AND CERTIFICATION OF TRAINING				A. Agency code, agency subelement and submitting office number (Example - xx-xx-xxxx)		B. OFFICE USE ONLY	
						C. Request status (Mark (X) one)	
		<input type="checkbox"/> Initial or Resubmission		<input type="checkbox"/> Correction or Cancellation			

Section A—TRAINEE INFORMATION								
1. Applicant's name (Last - First - Middle Initial)			Enter first 5 letters of last name		2. Social Security Number		3. Date of birth (Year and month)	
							(Example-born January 14, 1943 shown as 4301)	
4. Home address (Number, street, city, State, ZIP code)				5. Home telephone		6. Position level (Mark (X) one only)		
				Area code Number		<input type="checkbox"/> a. Non-supervisory <input type="checkbox"/> c. Manager		
						<input type="checkbox"/> b. Supervisory <input type="checkbox"/> d. Executive		
7. Organization mailing address (Branch - Division / Office / Bureau / Agency)				8. Office telephone		9. Continuous civilian service		
				Area code Number Extension		Years Months		
11a. Position title / function			11b. Applicant handi-capped or disabled (See instructions)		12. Pay plan / series / grade / step		13. Type of appointment	
							14. Education Level	

Section B—TRAINING COURSE DATA							
15a. Name and mailing address of training vendor (No., street, city, State, ZIP code)					15b. Location of training site (If same, mark box)		
16. Course title and training objectives (Benefits to be derived by the Government)							
17. Catalog / Course No.		18. Training period (6 digits)		19. No. of course hours (4 digits)		20. Training codes (See instructions)	
		Year Month Day		a. During duty		Code	
a. Start				b. Non-duty		a. Purpose	
b. Complete				c. TOTAL		b. Type	
						08 c. Source	
						09 d. Special interest	

Section C—TERMINATION AND EVALUATION DATA (To be completed by Trainee)							
21. Course was completed			22. Actual course dates (Month / day / year)			23. Actual course hours	
a. <input type="checkbox"/> Yes			a. Commenced			b. Completed	
b. <input type="checkbox"/> No—Return this form with a memo explaining circumstances			Month Day Year			Month Day Year	
24. Academic grade/score							
25. All sessions were attended							
a. <input type="checkbox"/> Yes							
b. <input type="checkbox"/> No—Explain							

AREAS OF EVALUATION (Place (X) in appropriate column to indicate your evaluation of items 26 through 37. Do not attempt to split a rating)				Rating		
				A	B	C
26. Stated objective accomplished	A = Yes	B = Partially	C = No			
27. Coverage of subject matter	A = Excellent	B = Sufficient	C = Poor			
28. Organization of subject matter	A = Well organized	B = Adequate	C = Poorly organized			
29. Suitability of instructional materials	A = Excellent	B = Adequate	C = Poor			
30. Level of difficulty	A = Too advanced	B = Appropriate	C = Too elementary			
31. Length of course	A = Too long	B = Appropriate	C = Too short			
32. Amount of outside or evening work	A = Too much	B = Appropriate	C = Insufficient			
33. Effectiveness of instructors	A = Excellent	B = Good	C = Poor			
34. Applicability of subject matter to the job	A = Significant	B = Adequate	C = Insignificant			
35. Facilities	A = Excellent	B = Good	C = Poor			
36. Recommendation to colleagues	A = Highly recommend	B = Recommend	C = Not recommended			
37. Meet career development plans	A = Yes	B = No	C = Not applicable			

Section C—TERMINATION AND EVALUATION DATA (To be completed by Trainee) - Continued

38. Comments on strong points of course

39. Comments on weak points of course

40. What were your objectives in taking this course? Were they met?

41. Do you recommend this program for others? If so, whom?

42. Additional comments

43. Signature of trainee

Date

Section D—SUPERVISORY COMMENTS (To be completed by employee's immediate supervisor)

44. Have you discussed this course and its application to the job with this employee?

a. ☐ Yes

b. ☐ No

45. What were your objectives in having employee attend course?

46. Were the objectives of the training achieved?

47. Additional comments

48. Signature of supervisor

Date

PERSONNEL USE ONLY

PRINT MENU

☐ Copy 1 - Agency (Training/Personnel Folder)

☐ Copy 2 - Agency (Data Processing or CPDF Copy)

☐ Copy 3 - Vendor (File Copy)

☐ Copy 4 - Vendor (Finance)

☐ Copy 5 - Vendor (Agency)

☐ Copy 6 - Vendor (Employee)

☐ Copy 7 - Agency (Finance)

☐ Copy 8 - Agency (Optional Use)

☐ Copy 10 - Agency (Originating Office)

☐ Print all of the above copies.